



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

COMMUNITY FIRST CHOICE Policy Manual

Section: FORMS

**Subject: Self-Direct Agency Start of Care
SLTC-163**

PURPOSE:

The agency start of care informs MPQH of the date services are implemented (i.e. date an attendant delivers a CFC/PAS service in a member's home). The form also provides documentation of start of care for the agency's member record.

PROCEDURE:

The provider agency completes this form after they confirm the delivery of Community First Choice/Personal Assistance services to the member. If the provision of services has been delayed beyond the required 10 days, the agency must document the reason.

INSTRUCTIONS:

1. Choose the appropriate service option (AB-CFC, SD-CFC, ABPAS, SDPAS)
2. Member Information: Enter the member's name and Medicaid ID number.
3. Provider Information: Enter the date services began and the name of the provider agency.
4. Reason Admit Delayed: If admit was delayed beyond 10 working days, mark the reason. If the reason is not listed, mark "other" and explain.
5. Signature: The person completing the start of care form should sign and date it.

DISTRIBUTION:

The Agency Start of Care sheet is completed by the providing agency and faxed to MPQH.

The provider agency retains a copy in the member's file.

***Note: This form must not be faxed to MPQH until services begin.**